

SUPPORTING INFORMATION FOR ISSUANCE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ACKNOWLEDGEMENT AND CONFIRMATION OF RECEIPT OF CHILD FREEING DOCUMENTS

Instructions: Prepare in duplicate; keep copy; send original to California Department of Social Services.
If additional space is necessary, use reverse side.

AGENCY

I. CHILD

Name (Last)	(First)	(Middle)	Birthdate (Month Day Year)	Gender	Birthplace (City State)	Verified
						Yes No

AKAs:

II. PARENT(S) - NAMES (Include all AKA.s)

MOTHER			PRESUMED FATHER(S)			ALLEGED NATURAL FATHER (S)		
Last	First	Middle	Last	First	Middle	Last	First	Middle
Birthdate (Month Day Year)			Birthdate (Month Day Year)			Birthdate (Month Day Year)		
AKA			AKA			AKA		
AKA			Additional Father DOB			Additional Father DOB		
Mother Deceased Date of Death <input type="checkbox"/> YES <input type="checkbox"/> NO			Presumed Father Deceased Date of Death <input type="checkbox"/> YES <input type="checkbox"/> NO			Alleged Natural Father Deceased Date of Death <input type="checkbox"/> YES <input type="checkbox"/> NO		

III. MARITAL HISTORY OF MOTHER

☐ MOTHER NEVER MARRIED

Terminations - Month, Day, Year

Name of Spouse(s) Continue on Reverse Side if Necessary	Marriage		Verified		Final Dissolution	Annulment	Death-Husband	Verified	
	Mo.	Day	Yr.	Yes				No	Yes

IV. Check if applicable:

- ☐ Mother is cohabiting with her husband who is not impotent or sterile and who is conclusively presumed to be this child's father pursuant to Family Code Section 7540. Therefore, no action was taken on any alleged natural father.
- ☐ Father is rebuttably presumed to be this child's natural father because he meets the conditions of Family Code Section 7611(a), (b), (c), (d) or (e).
- ☐ Father is rebuttably presumed to be this child's father because he meets the conditions of Family Code Sections 7573 and 7574 by the completion and filing of a voluntary declaration of paternity on or after January 1, 1997, and is identified on the child's birth certificate.
- ☐ Father is conclusively presumed to be this child's father because he meets the conditions of Family Code Section 7576 by the completion of a voluntary declaration of paternity on or before December 31, 1996, and is identified on the child's birth certificate.
- ☐ Man is alleged to be this child's natural father.

Approved By:

SIGNATURE AND TITLE

DATE

V. Check applicable box for parent relinquishing, waiving notice or denying paternity:

A. Parent competent to sign.	<input type="checkbox"/> Mother	Presumed Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving	Alleged Natural Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying
B. Parent is under psychiatric care. (In-patient or out-patient)	<input type="checkbox"/> Mother	Presumed Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving	Alleged Natural Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying
Treating or supervising physician's statement attached. Show date of examination on which statement is based.	<input type="checkbox"/> Mother _____ Date	Presumed Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving _____ Date	Alleged Natural Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying _____ Date
C. Parent is discharged from hospital or psychiatric care. Show date of verification of discharge or termination.	<input type="checkbox"/> Mother _____ Date	Presumed Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving _____ Date	Alleged Natural Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying _____ Date

VI. Does child have American Indian ancestry? ☐ Yes ☐ No If Yes, fill in A, B, C below, as applicable.

A. Bureau of Indian Affairs (BIA) or tribes determined ☐ child is ☐ is not subject to provisions of Indian Child Welfare Act (ICWA).

B. Reply to JV-135/ADOPT-226, from BIA or tribes received on _____ (attach copy)
Date

OR

C. Previous communication from BIA received _____ (attach copy)
Date
